

|                             |                         |              |                        |                                  |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/348,815 | FILING DATE<br>07/08/99 | CLASS<br>435 | GROUP ART UNIT<br>1643 | ATTORNEY DOCKET NO.<br>PF126P1D1 |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT

HAODONG LI, RESIDENCE NOT PROVIDED.

MARK D. ADAMS

\* \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A DIV OF 08/459,101 06/02/95

\* \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\* \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/02/99

|                                                                       |                                                                                                                                                                   |                         |                     |                    |                         |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>XPX | SHEETS DRAWING<br>5 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>2 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |                                                                                                                                                                   |                         |                     |                    |                         |

ADDRESS

JAMES H DAVIS  
HUMAN GENOME SCIENCES INC  
9410 KEY WEST AVENUE  
ROCKVILLE MD 20850

TITLE

CONNECTIVE TISSUE GROWTH FACTOR-2

|                                  |                                                                                                                       |                                                                                                                                                                                                                                                                           |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED<br><br>\$760 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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Bib Data Sheet

CONFIRMATION NO. 5784

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                |                                                                                                                                                                                                                                                                                 |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>SERIAL NUMBER</b><br>09/348,815                                                                                                                                                                                                                                                                                   | <b>FILING DATE</b><br>07/08/1999<br><b>RULE</b>                                                                   | <b>CLASS</b><br>435            | <b>GROUP ART UNIT</b><br>1635                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>PF126P1D1 |
| <b>APPLICANTS</b><br>HAODONG LI, GAITHERSBURG, MD;<br>Mark D. Adams, North Potomac, MD;                                                                                                                                                                                                                              |                                                                                                                   |                                |                                                                                                                                                                                                                                                                                 |                                         |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A DIV OF 08/459,101 06/02/1995 PAT 5,945,300<br>WHICH IS A 371 OF PCT/US94/07736 07/12/1994                                                                                                                                                                   |                                                                                                                   |                                |                                                                                                                                                                                                                                                                                 |                                         |
| <b>** FOREIGN APPLICATIONS *****</b>                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                |                                                                                                                                                                                                                                                                                 |                                         |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/02/1999</b>                                                                                                                                                                                                                                           |                                                                                                                   |                                |                                                                                                                                                                                                                                                                                 |                                         |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <input checked="" type="checkbox"/> |                                                                                                                   | <b>STATE OR COUNTRY</b><br>MD  | <b>SHEETS DRAWING</b><br>5                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>20               |
| <b>ADDRESS</b><br>22195                                                                                                                                                                                                                                                                                              |                                                                                                                   | <b>INDEPENDENT CLAIMS</b><br>2 |                                                                                                                                                                                                                                                                                 |                                         |
| <b>TITLE</b><br>CONNECTIVE TISSUE GROWTH FACTOR-2                                                                                                                                                                                                                                                                    |                                                                                                                   |                                |                                                                                                                                                                                                                                                                                 |                                         |
| <b>FILING FEE RECEIVED</b><br>2274                                                                                                                                                                                                                                                                                   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                         |